

COUNTY INDIGENT HEALTH CARE PROGRAM MONTHLY FINANCIAL REPORT

County Name ARANSAS

Report for (Month/Year) 12/2014

or

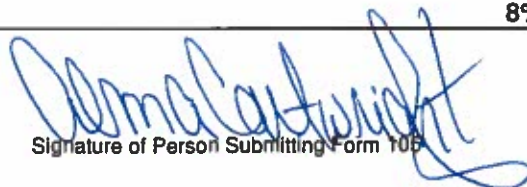
Amendment of the Report for (Month/Year)

I. REIMBURSABLE EXPENDITURES during This Report Month

| | | | |
|---|-------|-------------|-----------------|
| Physician Services | 1. | \$5,707.31 | |
| Prescription Drugs | 2. | \$10,492.72 | |
| Hospital, Inpatient Services | 3. | \$23,153.47 | |
| Hospital, Outpatient Services | 4. | \$8,566.45 | |
| Laboratory/X-Ray Services | 5. | \$1,217.06 | |
| Skilled Nursing Facility Services | 6. | \$0.00 | |
| Family Planning Services | 7. | \$0.00 | |
| Rural Health Clinic Services | 8. | \$2,333.76 | |
| State Hospital Contracts | 9. | \$0.00 | |
| Optional Health Care Services | 10. | \$2,598.68 | |
| Amount of Intergovernmental Transfer | 11. | \$0.00 | |
| Total Expenditures (Add #1 through #11.) | | | 12. \$54,069.45 |
| Reimbursements Received (Do not include State Assistance.) | 13. (| \$9.82) | |
| 6% Eligibility System Review Findings (\$ in error) | 14. (| \$0.00) | |
| Total to be Deducted (Add #13 + #14.) | | | 15. (\$9.82) |
| Applied to State Assistance Eligibility/Reimbursement (#12 minus #15) | | | 16. \$54,059.63 |

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement

| | |
|--|-------------------|
| TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$ | <u>165,181.30</u> |
| GRTL \$ <u>9,570,262.00</u> | |
| 4% of GRTL \$ | <u>382,810.48</u> |
| 6% of GRTL \$ | <u>574,215.72</u> |
| 8% of GRTL \$ | <u>765,620.96</u> |



Signature of Person Submitting Form 105

01/02/2015

Date